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REPORT OF THE COMMITTEE APPOINTED BY THE OVERSEERS OF HARVARD COLLEGE TO VISIT THE MEDICAL SCHOOL DURING THE YEAR 1866.

[Communicated for the Boston Medical and Surgical Journal.]

At an adjourned meeting of the Board of Overseers of Harvard College, held in Boston, on the seventeenth of January, 1867, the following Report was submitted, accepted and referred to the Corporation:—

To the President and Board of Overseers
of Harvard University.

Gentlemen,—Agreeably to the notice of the President and Board of Overseers of Harvard University, the Committee to examine the Medical School, consisting of Drs. Winslow Lewis, J. Mason Warren, Samuel Cabot, John Green, George Hayward, Ezra Palmer, Daniel D. Slade, C. G. Putnam, William Read, Horatio R. Storer, Clement A. Walker and George H. Lyman, visited the School, inspected the rooms, received the reports of the Professors, and beg leave to present the following report:—

The various rooms were found to be in a satisfactory condition. The state of the School will be best shown by the following digest of the reports of the Professors.

In the department of Obstetrics and Medical Jurisprudence—Professor D. Humphreys Storer—the full number of lectures has been given during the term, and many valuable specimens have been added to the Museum illustrative of this branch.

In the department of Pathological Anatomy—Professor John B. S. Jackson—the usual course has been pursued of lectures on General Pathological Anatomy, and recent specimens, alternating with lectures on prepared specimens. The Anatomical Museum has been enriched, during the past year, by one hundred new specimens. A Descriptive Catalogue is now in preparation by the Curator.

The department of Clinical Medicine, conducted by Professor H. I. Bowditch, assisted by Adjunct Professor Calvin Ellis, has been of great advantage to the students, who have availed themselves of its practical and theoretical teachings in increasing numbers. It is proposed to extend its sphere of usefulness, during the coming term, by the formation of a corps of assistants selected from advanced students. The plan of requiring three years' study in some recognized medical school, of candidates for a diploma, is suggested.

Professor O. W. Holmes, of the Department of Anatomy and Physiology, reports that the customary course of instruction has been given during the winter term, to the largest class ever present at the lectures. The department has been strengthened by the following appointments:—Dr. Jeffries Wyman as Professor of Comparative Anatomy and Physiology; Dr. C. E. Brown-Séquard as Professor of the Physiology and Pathology of the Nervous System; Dr. D. W. Cheever as Assistant Professor of Anatomy; and Dr. J. S. Lombard as Assistant Professor of Physiology.

In the department of Theory and Practice—Professor G. C. Shattuck, and Adjunct Professor C. E. Buckingham—the usual number of lectures has been given, besides visits to the medical wards of the Massachusetts General Hospital and the surgical wards of the City Hospital. The late Dr. Gould and Dr. Minot have delivered lectures and made visits in the medical wards of the Massachusetts General Hospital during the spring term. Dr. Tyler has given instruction in Psychological Medicine.

Professor H. J. Bigelow, of the Surgical Department, states that sixty lectures were given during the winter term, and abundant opportunity offered for the study of practical surgery in the visits and numerous operations at the Massachusetts General Hospital. At the City Hospital, Ophthalmology has been illustrated theoretically and practically by Dr. H. W. Williams; and at the Boston Dispensary very useful instruction has been given in out-practice and minor surgery. Since the appointment of Dr. R. M. Hodges as Adjunct Professor of Surgery, it is proposed to increase the number of lectures in the coming term. Recitations were held during the summer term.

The regular course of lectures was given by the Professor of Chemistry—Dr. John Bacon—during the winter session. In the summer session recitations were heard, and instruction given in practical chemistry in the laboratory. Should the number of students desiring practical instruction increase, it will become necessary to enlarge the laboratory. The recent appointment of Dr. J. C. White as Adjunct Professor, will add to the efficiency of this department.

Dr. E. H. Clarke, Professor of Materia Medica, reports that the required number of lectures was given during the winter term; and during the summer the usual course of recitations held, either by himself or his assistant, Dr. F. E. Oliver.

The Museum of Materia Medica is entirely inadequate for the purposes for which it is used, and an increase in material and space is desired. The increase in the number of students is adverted to, and the want of accommodation for them in the present building.

The Dean of the Medical Faculty, Dr. G. C. Shattuck, reports as follows:—"Every department of the School has been characterized, during the past year, by activity and well-directed energy. The School began with three professors; it now numbers twenty-three professors, adjunct professors, assistant professors and instructors. The establishment of a summer term has been attended with gratifying success. In connection with the lectures, the School has the advantages of the Massachusetts General Hospital, the City Hospital, the Boston Dispensary, and the Eye and Ear Infirmary. The attention of the Committee is called to the urgent need of greater accommodation, either by adding to the present structure or the erection of a new building. The expenses of the School amount to $5000 yearly, which sum is deducted from the fees of the Professors, with the exception of the small income from the Jackson Fund. The funds of the School have been chiefly derived from medical men; and in view of this fact, it seems proper to make an appeal for material aid to the community. It is clear that something must be done in this direction, if the number of students is to be increased and the position of the School maintained."

The reports given above furnish abundant evidence of the continued prosperity and the growing importance and usefulness of the Medical School. It is now eighty-four years since the first efforts were made for its establishment, and its history is one of success from its inception to the present time.

The following account is a brief *résumé* of its rise and progress:—

Before 1783 no medical school existed in Massachusetts, and the study of medicine was pursued with much difficulty. No regular instruction was given; the only available means were to go to Europe—a thing not easy of accomplishment in those days—or to follow the private practice of some physician. The war of the revolution gave an impulse to the profession of medicine, and showed the necessity and wisdom of giving proper facilities for its support. The government of Harvard College founded a school in 1783, with the following corps of Professors:—Dr. John Warren was Professor of Anatomy and Surgery, Dr. Aaron Dexter of Chemistry and Materia Medica, and Dr. Benjamin Waterhouse of the Theory and Practice of Medicine. The class of students attending lectures numbered twenty, and was drawn from all parts of New England. In 1785, the degree of Bachelor of Medicine was first conferred, a probation of seven years being then exacted before the candidate became a Doctor of Medicine. From 1806 to 1810 the Faculty received accessions to its numbers by the appointment of Dr. John C. Warren as Adjunct Professor of Anatomy and Surgery, Dr. John Gorham as Adjunct Professor of Chemistry, and Dr. James Jackson as Lecturer on Clinical Medicine. The facilities for medical instruction in Cambridge being insufficient, the School was removed to Boston, and in 1810 lectures were given by the increased staff, the course occupying three months instead of six weeks as heretofore. Donations of specimens were then first given for the formation of an anatomical collection. In this year (1810) efforts were made by some members of the profession to found another school, with equal privileges to this, and the attempt nearly succeeded. Party feeling ran high, and the subject of the schools became mixed with the strong political feeling then raging, and had it not been for the strenuous exertions of Drs. J. C. Warren and James Jackson, there is reason to believe that the Harvard Medical College might have succumbed, for it was then impossible for two schools to have existed in the contracted field of Boston. But the storm was weathered, and three years later a grant of land in Mason Street was received from the State, on which, in 1816, what was then considered a handsome building was erected. At this time two more Professors were added to the Faculty—Dr. Jacob Bigelow in the department of Materia Medica, and Dr. Walter Channing in that of Midwifery. The School continued to prosper, and thirty years later the number of students attending the lectures had risen to 160, and greater accommodation became necessary. A liberal gift of land from Dr. George Parkman, the contributions of some of the wealthy citizens of Boston, and the sale of the old college building furnished the means, and the building in Grove Street was the result.

One department of the College deserves especial notice—that of the Museum of Anatomical Specimens. This collection, one of the largest in the country, was presented to Harvard University by Dr. John C. Warren, with a sum of money for its preservation, in December, 1847, being the result of his labors, with those of his friends and pupils, for more than forty years. The following gentlemen were among the chief contributors to it, or were engaged in making preparations for it:—Drs. James Jackson, John Gorham, Spaulding of Portsmouth, Rufus Wyman, Winslow Lewis, George Parkman, Wm. Gamage, Jr., Edward Warren, Alexander E. Hosack, J. B. S. Jackson, J. M. Warren, and Samuel Parkman. Since the collection came into the possession of the College it has been greatly augmented by gifts from various sources, and by the assiduous labors of the Curator, Dr. J. B. S. Jackson. Drs. O. W. Holmes, H. J. Bigelow, R. M. Hodges, D. W. Cheever, and others, have made important preparations for it. Valuable contributions were made to it by the late Dr. George Hayward. It contains about 2800 specimens.

The collection has now outgrown the space devoted to it in the College, and as no additional means of accommodation are available, the question of a new building at once presents itself.

The present building was erected at a time when the number of students was small, and the necessity of removal from Mason Street pressing. Its situation, in close proximity to the Massachusetts General Hospital, is perhaps the best for its purposes; but it is defective in construction, and constantly in danger of being destroyed by fire.

There is great need of a good medical library in connection with the College. The number of books now in possession of the College is not large, but is of great value. They are, however, accessible to few, and not increasing with the advancement of medical science. Should the library be given space enough, and thrown open, under proper restrictions, to the professional public, and donations solicited, there is every reason to believe that a rapid growth in its size and importance would result. At present, Boston and its neighborhood possess no complete medical library. Collections of medical books exist in the University Library at Cambridge, and in the Boston Athenæum and Public Library, but none of them fully meet the wants of the profession. It is thought desirable by your committee, that the medical books in the University Library at Cambridge, especially the Boylston Collection, which are very valuable and but little used, should be added to the Library of the Medical College in Boston, if this can be legally effected.

The class of students now contains somewhat over 300 members, and the lecture rooms of the College are too small to accommodate properly more than half that number. While the increase in material for instruction and the number of pupils is gratifying, and gives promise of yet greater growth in the future, the limited capacity of the building becomes painfully manifest. Your committee would therefore suggest that if it is not feasible to erect a new structure on the present site, or elsewhere, a fire-proof building, capable of containing the Anatomical Museum and the Library, be erected, at a proper distance from the College. Of the importance of a fire-proof building for containing the Anatomical Museum, the destruction by fire of the splendid collection which the late Dr. Valentine Mott had passed his life in forming, is an example. The value of the present collection belonging to the Medical School can hardly be estimated in money; the loss of it would be irreparable, as it could not be replaced by purchase. To meet the expense of the outlay required by this plan, it would seem proper to make an appeal to the public, who are interested in giving to the medical man the best facilities for a thorough education.

The College now numbers among its professors, or has connected with it, some of the most distinguished men in their departments in the country. In addition to the instructions of the able corps of professors, adjunct professors, assistant professors and instructors, the student can avail himself of the teachings of the Massachusetts General Hospital, City Hospital, Dispensary, and Eye and Ear Infirmary in Boston, and valuable courses of lectures in Cambridge by Professors Wyman, Agassiz, and others.

It would increase the efficiency of some of the departments of instruction, could wards in the Hospital be set apart, or, what would be better, could hospitals be established for the treatment of the following affections:—syphilitic diseases, skin diseases, midwifery, diseases of women, and diseases of children. These branches would be much better and more systematically illustrated for the purposes of instruction, were they treated in separate hospitals. As it is, the first of the above-mentioned classes is not received into our City Hospitals, only a limited number of the second, none of the third, and but few of the fourth and fifth.

The attention of the Overseers is earnestly called to this matter, in the hope that through their influence, steps may be taken to further the interests, not only of the medical profession, but of the public at large, by carrying out the suggestions above mentioned.

All of which is respectfully submitted.

SURGICAL CASES OCCURRING IN THE MASSACHUSETTS GENERAL HOSPITAL. SERVICE OF DR. S. CABOT.

Reported by Mr. F. R. Sturgis.

[Communicated for the Boston Medical and Surgical Journal.]

Case I.—*Fracture of the Femur in two places, occurring in a Boy 5 years of age. Recovery.*—D. H., æt 5, a native of Dorchester, of rather delicate appearance, was run over by a cart three hours previous to entrance. At entrance, an examination under ether revealed two fractures—one in middle third of left femur, and another one near the knee-joint. Both were oblique. The knee-joint was swollen, quadrilateral in shape, and on palpation showed fluctuation. The patella was elevated, freely movable, and pushed a little downwards.

While under ether, extension by Dr. Buck's method was applied. Everything went on well, and on the 25th inst. extension was left off, but so much pain was complained of in the femur that it was reapplied.

On Dec. 2d, the apparatus was removed for the second time. Union appears firm at both joints. There is no pain in leg. Swelling of knee-joint has entirely subsided, leaving it somewhat stiff. By measurement, there is no shortening.

On Dec. 20th, use of knee-joint is reported good, passive motion having been exercised since Dec. 2d. The joint is a little broad and thickened. On examination of the upper fracture, there is a very slight callus felt. No shortening. Was discharged, Jan. 20th, 1867, well.

Remarks.—The points of interest in this case are, the occurrence of a fracture of the femur in two places (which is rare), and the rapid recovery without stiffness of the knee-joint.

Case II.—L. R., 13 years of age, a native of Boston, though of Portuguese parents, entered the Hospital, with a tumor in the right infra-clavicular region, of three years' duration. This has grown slowly and painlessly. On examination, the tumor extends from the third rib up to and beneath the clavicle of right side in its long diameter, and laterally from the axilla to within an inch of the median line. It is firm and elastic to the touch; the skin in some places is freely movable over the tumor, in others it seems to be adherent, and in one place near the axilla is a faint reddish spot. The clavicle is not apparently implicated in the growth, being distant from it, and freely movable. A prolongation from the tumor appears to go beneath the bone. On palpation, no thrill is transmitted to the hand. On auscultation, the ear discerns a pulsation; this, however, seems to be transmitted from the subclavian or axillary artery, which is covered over by the tumor, rather than from any sound due to the growth. The tumor does not extend into the neck. General appearance that of cachexia, though reports general health good.

On the 16th inst. a consultation was held, and it was decided to operate on the growth (the nature of which was supposed to be probably malignant). This was done on the following day by Dr. Cabot, in the presence of the students. The first incision was carried through the skin and subcutaneous cellular tissue; this latter was found hard and brawny, and adherent to the growth beneath. Fluctuation was now felt by the finger, and the bistoury being plunged into the mass, a large quantity of pus (roughly estimated at eight ounces) was evacuated.

The only dressings used were poultices in the early part to promote suppuration, and subsequently the introduction of lint tampons to make the wound granulate from the bottom. The patient did well, and on Dec. 3d was discharged from the Hospital, with directions to report as an out-patient. At that time the wound had not entirely healed up, the adjacent hardness was subsiding, and suppuration was diminishing. The last time she was seen (Jan. 11th, 1867), the abscess was much smaller and softer, and was evidently closing up from the bottom. The depth was then about one inch.

Remarks.—This case is interesting from the fact of a hard mass coming on as a free, movable tumor on the border of the muscle in a cachectic person; its increasing size; the incorporation of itself with the tissues round it; from its not approaching the surface for so long a time; from its producing adhesion, like malignant growths, between the deep and superficial layers; and from the deep fluctuation being obscured by the hardened, super-imposed tissues causing it to resemble a soft solid. These, taken in connection with the sallow skin, &c., led to the belief in a malignant growth.

Case III.—*Strangulated Hernia. Operation. Recovery.*—E. C., native of Ireland, married, 35 years of age, was admitted into the Massachusetts General Hospital with an irreducible hernia of three days' duration. Her general health is poor. Comes from a phthisical family; she herself has been subject to cough, with expectoration, but without blood, until the morning of entrance, when the sputa were tinged with blood, and have continued so ever since.

On Nov. 24th, after a violent fit of coughing, noticed for first time a swelling in the right groin, which was painful, and could not be returned. At 5, P.M., of the 26th inst., was seen by a physician, who, having brought the patient under the influence of chloroform, made very thorough and persevering, though unsuccessful attempts to reduce the hernia by taxis. Previous to taking chloroform vomiting was present, whether stercoraceous or not, patient was unable to say. Has not vomited since evening of 26th inst. Bowels have always been regular. On the 24th, had one natural dejection. On the 25th, supposing pain in bowels to arise from colic, took castor oil, which she vomited up on the 26th. Had several small, loose dejections during 25th and 26th. Catamenia regular. Pulse 100, weak, rapid. Expression, one of weakness and dejection.

The tumor was of the size of a goose's egg, soft and excessively painful to the touch, and overlapped Poupart's ligament. At upper portion is a redness, as though violent attempts had been made to reduce the tumor.

Patient was etherized, and an incision made in the largest diameter of the tumor. The septum crurali was adherent to the outer surface of the sac, so that when the sac was opened, the two were cut together. On opening the sac, a somewhat turbid fluid (about half an ounce in quantity) flowed from it. The walls of the sac were apparently adherent to the septum crurali, and at the upper portion was an ecchymosed mass between the septum crurali and the hernial sac. The hernial protrusion was of intestine of the size of the tip of the forefinger, and somewhat dark. A director was passed between the hernia and the ring, and a slight incision allowed its reduction. Two superficial arteries were tied. The wound was brought together by four sutures. Compression with sponges and a spica bandage was employed, and the thigh was kept flexed upon the body.

On the 29th, there was much pain, hardness and redness round and above the wound. Had one constipated dejection (without medicine) yesterday. Wound discharging an ichorous, offensive matter. Appetite and sleep poor. Pulse weak. Appearance exhausted. Yeast poultice was applied, with relief.

Dec. 1st.—All the sutures and ligatures were withdrawn. Improved in all respects. Has a dejection almost daily.

Dec. 6th.—Wound suppurating healthy pus in moderate quantity. Hardness of edges disappearing. The hardness above edges of wound, mentioned on Nov. 29th, proves to have been an abscess, which has discharged itself spontaneously by a separate opening. Bowels not moved since 1st inst. Was ordered ol. ricini, ʒ ij., which operated in the evening.

From this time up to the date of her discharge (Dec. 14th), the patient did well. No further descent of the hernia has occurred. Bowels are moved regularly every second day without medicine.

Remarks.—In the first place, we notice that the bowels acted, although slightly, throughout the entire course of the disease; and, in the next place, we notice that the nausea and vomiting, symptoms usually prominent, were in this case but slightly marked; still, in spite of that, there yet remained sufficient evidence of strangulated hernia, and the operation showed the importance of immediate interference. The amount of force requisite for taxis had probably altered the condition of things in this region, and in all likelihood had been the cause of the ecchymosis and the adhesion between the septum crurali and the hernial sac.

ON THE MODES OF ADMINISTRATION OF SYSTEMIC ANÆSTHETICS.

By Ephraim Cutter, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

Since the admirable discovery by Dr. B. W. Richardson of the generally certain and speedy production of *local* anæsthesia by the cold induced from nebulization of volatile substances, it must be confessed that the field for the induction of *systemic* anæsthesia by inhalation has been narrowed. Indeed, the performance of such a capital operation as the Cæsarian section painlessly by Dr. R.'s method, ranks the process as one of the most brilliant of modern inventions, whether we consider either the brief amount of time employed, the minimum of chemical reagents used, or the maximum of directness of application accomplished. Still, the day has not yet arrived when the use of anæsthetics by inhalation has ceased, even among those who give a high place to the production of anæsthesia by cold.

Acting on this view, the writer begs leave to call attention to the following, not as setting forth anything *both* new and established, nor yet for approval or condemnation, but as simply an endeavor in a direction calculated, at some time, to produce the maximum of ease and perfection in the administration of anæsthetics to the whole system.

Probably the simplest and best method of administering anæsthetics, at present ordinarily employed, is to pour on a napkin or towel folded into an oblong compress, about nine by five inches, a small, immeasured quantity of the anæsthetic liquid; then, placing it over the mouth and nostrils of the patient, allow him to inhale the air which, getting in between the napkin and the face, becomes charged with the vapor of the anæsthetic, and bears it into the pulmonary mucous membrane. When the charge is exhausted by evaporation, it is renewed by simply removing the cloth and pouring on a fresh amount of the liquid, and so on till the sleep of oblivion results.

Into this procedure enter the following articles and acts, taking *ether* as a type of anæsthetics:—*Articles:* (1) a napkin or towel; (2) ether in a reservoir; (3) ether poured out and evaporated on (1) the napkin. *Acts:* (1) preparing the napkin; (2) pouring the ether on to the napkin, repeatedly; (3) evaporation of the ether from both sides of the cloth, the greater proportion of which is unused and consequently wasted; (4) a contamination of the atmosphere of the apartment; (5) partial disturbance of operators and assistants by the odor of the ether; (6) contact of the liquid ether with the patient's face, causing unpleasant coldness, smarting, and sometimes (by chloroform) excoriation. The advantages of this procedure are the small number of necessary appliances, the universal presence of the towel or napkin in civilized society, and the great facility with which the administration is managed. It would seem that no similar procedure could be simpler and more admirable. Perhaps it is not best to try to improve upon this. However, the following subjective experiment is offered as a tentative one.

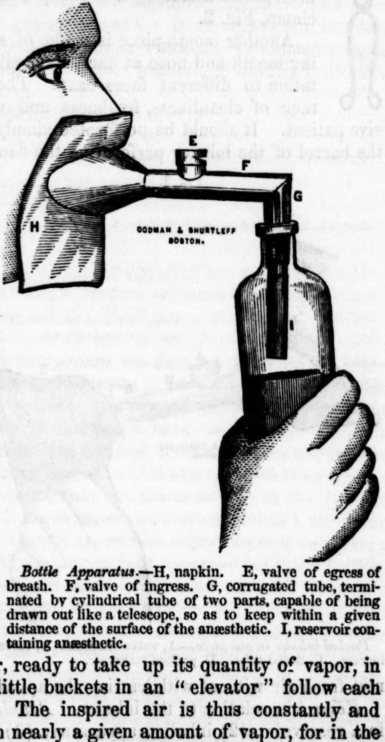
In July, 1865, the writer was suffering under an ague of the face caused by taking cold in the second upper right molar tooth, which was carious. Seeking relief, he procured a bottle partially filled with ether, and then reclined on his back on a sofa. It was a very natural act to apply the unstoppered orifice of the bottle to the mouth and to inhale the vapor therefrom, which easily accomplished speedy relief. Satisfied with the facility of the performance, the writer was led to inquire closely as to the features of the act. It was found that the bottle was a common white-glass pint-bottle, with a ground-glass stopper—diameter of outside orifice about three fourths of an inch—that the upper lip was so applied to the outer part of the orifice of the bottle as to cover one half of the opening. The inspired air entered through the uncovered half of the orifice, part of it passed into the mouth beneath the lip, and another part proceeded down into the reservoir far enough to partake of the vapor of the ether in quantity sufficient to produce anæsthesia.

In this procedure the articles and acts were: (1) liquid and aëriform ether in a reservoir, and the patient; (2) *Acts (a)*, extension of the upper lip over one half of the unstopped orifice of the reservoir; *(b)* inspiration; *(c)* evaporation of ether, without waste, from a liquid surface. Compared with the procedure first adduced, it will be seen that one article was employed instead of three; that the acts discarded all pouring, all waste by evaporation, all physical contact of the anæsthetic liquid with the person of the patient, and all the procedures in relation to a napkin. In this place, it is queried which of the two methods is the simpler.

The next step in the writer's mind was to adapt the above subjective method to objective use. It was very evident that it would be impossible to cause patients to practise the bottle method. It appeared necessary only to have a tube penetrate into the reservoir towards, not below, the surface of the liquid—something that would hold its place and not get out of order. After many trials, the simple expedient was employed of dropping into the orifice of the bottle the fluted tube of an ordinary apothecary's tunnel. The conical form easily adapts itself to the orifice and allows of its employment in different orifices of varying sizes—thus not confining its employment to the same reservoir. The longitudinal corrugations, with the parietes of the orifice of the reservoir, form channels whereby the air finds ingress whenever an inhalation is practised through the tube. The projecting portion of the tube is bent at a right angle for convenience of administration and to prevent its slipping inside, should a very large orifice happen to be employed. In fact, a right-angled tube, half an inch in diameter, without corrugations, may answer the indications—the bend not permitting the tube to slip into the bottle.

It is not necessary that the reservoir should be cylindrical and monostomatous. It may have a polygonal, cubical or conical shape, and have more than one orifice. Indeed, in the method suggested, the one orifice is divided into two. The air should pass into the reservoir, impinge upon the surface of the anæsthetic, become charged with the vapor, and then pass off, to be succeeded by a fresh current of air, ready to take up its quantity of vapor, in the same manner as the little buckets in an "elevator" follow each other loaded with grain. The inspired air is thus constantly and successively charged with nearly a given amount of vapor, for in the cylindrical reservoir the exposed evaporating surface of the anæsthetic is the same until the uneven surface of the bottom of the reservoir is reached. This remark would not apply when a very large reservoir is employed. A difficulty here arises in that the expired

FIG. 1.

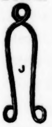


Bottle Apparatus.—H, napkin. E, valve of egress of breath. F, valve of ingress. G, corrugated tube, terminated by cylindrical tube of two parts, capable of being drawn out like a telescope, so as to keep within a given distance of the surface of the anæsthetic. I, reservoir containing anæsthetic.

air passes directly into the reservoir. This is obviated by attaching to the tube an apparatus with two valves made of India rubber—one of ingress and one of egress. The hard-rubber mouth-piece commonly employed by dentists, attached immediately or mediately by an India rubber tube, renders the apparatus complete for dental operations, and has been satisfactorily used for this purpose.

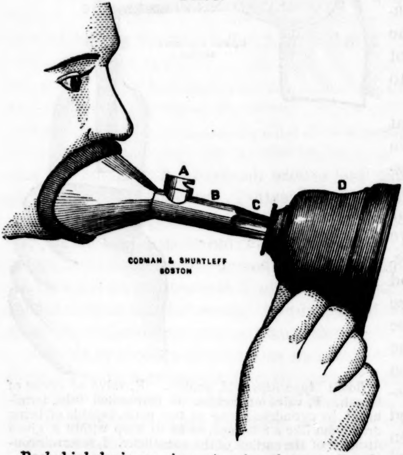
For surgical purposes, mouth-pieces of trimmed iron, provided with valves covered with cloth or felt, or with a perforated napkin, answer the indications. Vide Figs. 1 and 3. In case the nostrils need closing it is easily done by the use of a spring clamp, Fig. 2.

Fig. 2.



Another mouth-piece is made of soft India rubber, covering mouth and nose at once, its flexibility rendering its adaptation to different faces easy. The napkin has the advantage of cleanliness, freshness and neatness for each successive patient. It should be perforated simply by a slit, into which fits the barrel of the inhaler perforating the flange.

Fig. 3.



Packed inhaler in one piece.—A, valve of egress. B, valve of ingress. C, fluted tube. D, packed reservoir.

A modified reservoir for the anæsthetic is seen in Fig. 3. It is a conical reservoir, packed with cotton or tow, in order to secure a large evaporating surface. It was suggested by Dr. Robert Ellis's fimbriated inhaler. It has the advantage of being easily laid down when disused. It also can be tilted in any direction and the ether will not escape. In some, Mr. Shurtleff has put (Fig. 1) an opening between the valve, E, and the flange, which, when opened, allows of direct fresh air without withdrawing the apparatus from the face.

Résumé in relation to the inhaler. *Articles:* (1) anæsthetic liquid in a reservoir; (2) inhaling apparatus; (3) iron clamp; (4) napkin. *Acts:* (1) holding to the mouth of the patient the apparatus. *Advantages:* economy. Fluidrachms have answered the purpose of the ounces ordinarily used, by reducing the waste of evaporation to a minimum. No contact of anæsthetic with face. An approximation to an accurate constant amount of vapor in the air inhaled. *Disadvantage:* the use of a special apparatus not everywhere found. It is admitted that this is the greatest objection to any apparatus, but whether it is not outweighed by the advantages is a question for decision.

Conclusion.—If these remarks should afford a missing link in the chain of observation or experiment of any contemporary, or should stimulate inquiry in this direction, the writer will be content. The matter of expense of anæsthetics is almost universally ignored as an ignoble consideration; however, a saving of 87½ per cent. does seem desirable to the writer. The apparatus is not patented, is made under the writer's direction, and may be obtained at reasonable rates, with all the modifications, of Messrs. Codman & Shurtleff, 13 Tremont Row, Boston.

Boston, January 17, 1867.

SORE OR EXCORIATED NIPPLES.

[Extracts from an article communicated to the Boston Medical and Surgical Journal, by DANIEL V. FOLTS, M.D.]

> "When fevers burn, or ague freezes,
> Rheumatics gnaw, or colic squeezes,
> Our neighbors' sympathy may ease us
> Wi' pitying moan;
> But thee—thou hell o' a' diseases,
> Ay mocks our groan."

IF an aching tooth could thus arouse the Scottish bard to the utterance, if not of "thoughts that breathe," at least of "words that burn," I was wondering the other day, when his natal anniversary was being celebrated, what he would have said of the agony of nursing with sore nipples, especially had he been a mater-, instead of a pater-familias! Perhaps no other disease apparently so trifling, and never fatal, has caused a tithe of the sufferings in the lying-in chamber that this has. For centuries the profession has been devising means for its cure. On the shelves of every physician's library are found volumes containing long lists of remedies for this affection. The mineral, the vegetable and animal kingdoms have all been laid under contribution. The salts of silver, of copper, of lead, of zinc and mercury, as well as those of alumina and potassa, have had their advocates. Time would fail to speak of all the washes and lotions—narcotics, emollients and astringents—to say nothing of the unguents, plasters and fomentations that have been employed. And yet so common is this complaint that a distinguished professor in one of our large universities writes, "I am surprised when I hear one of my patients say that she does not suffer from it." It however affords me pleasure to be able to put it on record that my experience differs from that of the professor—for a very large majority of my lying-in patients, in a practice extending over more than a quarter of a century, have been free from this source of suffering. And yet but too often have I been compelled to witness the terrible struggle between bodily pain and maternal affection, when the infant called for its natural food and the mother was attempting to supply it. When the attention of the surgeon was first called to the value of collodion in closing incised wounds and healing abraded surfaces, I thought surely, now we have it! But after having brushed over many an excoriated nipple, thereby adding suffering to misery by the smarting caused by the ether in the compound used, I was compelled to abandon it. For, aside from the pain caused by its application, I found that the artificial cuticle formed was as worthless as the narrow strips of adhesive plaster recommended by Dr. Physick, the power of the original infant pump being usually sufficient in one application to disarrange the whole arrangement. At one time, in common with others of the profession in this city, I had some confidence in "Parker's oil and ventilating nipple shield." In some cases, indeed, it answered a good purpose, but in more it utterly failed, so that of late I have ceased to recommend it. It has always been my opinion that to cure a sore nipple absolute rest of the part was as necessary as to heal an incised wound; and generally, I think, we shall find, as Dr. Gooch has it, that "we are rowing against the stream so long as the cause, viz., the action of the child's mouth in sucking, is renewed at short intervals." To succeed, then, the chapped or excoriated surface should be protected from the friction of the infant's tongue and gums; and this not for a few hours or days even, but until it is healed and covered by sound integument. To fulfil this indication and not wean the child, has hitherto been a task difficult to accomplish. The various shields of wood, metal and glass, with all manner of teats attached, have been called into requisition; and besides those found in the shops, I have had others constructed by skilful mechanics. With these I have sometimes succeeded, but more generally the matter has ended in mortification to myself and disappointment to my patient. * * * * [Dr. Folts then speaks of certain other nipple shields which he had found possessed of much merit, but gives the preference to the one described in this article]. It remained for Mr. Kent, a well-known apothecary of this city, in his "Metallic Nipple Shield and Caoutchouc Teat," to supply the long-felt need. This is the only artificial nipple that I have ever used with unvarying success, and so admirably does it answer the purpose that the worst cases of sore nipples have entirely recovered without any local application whatever to the excoriated surface, beyond cleansing the parts and wiping them dry when the shield was removed. Glycerin unguent, or some other emollient application, might in some cases be advisable to soften the skin and promote granulation. Mothers who had suffered untold agony in nursing, and had resorted to all other means in vain, have been at once relieved by this simple appliance. The valvular arrangement is so simple that it is almost impossible for it to get out of order, and yet so efficient that a few inspirations of the child cause it to adhere so firmly that nursing proceeds much as if no artificial medium were interposed. What the infant thinks of the arrangement, we shall not, perhaps, at present be informed; but the mother says, "blessings on the head of the man who invented it!" I will only add, for the benefit of those who may be so unfortunate as to need this mechanical substitute, and for the information of the profession at large, that T. Metcalf & Co., 39 Tremont St., are the general agents for its sale.

East Boston, February 7, 1867.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, MARCH 14, 1867.

GRADUATING EXERCISES OF HARVARD MEDICAL SCHOOL—ADDRESS OF PROFESSOR AGASSIZ.

The usual exercises of the graduating class of the Medical School of Harvard University and the conferring of degrees, took place at the Medical College on Wednesday, the 13th inst. The anticipated address from Prof. Agassiz added a special attraction to the occasion, so that the largest lecture-room of the College was crowded to its utmost capacity. After the usual introductory exercises, six of the theses selected from those of the graduating class were read by their respective authors, all of them giving evidence of creditable devotion to their studies, and some of them of decided originality of thought. Medical degrees were conferred upon eighty-two graduates.

Professor Agassiz commenced his address by an apology for presenting himself to his audience without any elaborate preparation. Circumstances had prevented this, but he should do injustice, he said, to the feelings of sympathy towards the Medical School which were felt in the other departments of the University, if he had failed to appear before them. The subject which in such a connection naturally suggested itself to his mind was the application of experimental physiology to medical science. Granting the immense importance of such investigations, he held that they were only justifiable when based on a full appreciation of the identity of plan in the structure of man and the lower animals. He did not dwell on the importance of these investigations, but used them as arguments for a full and thorough study of Comparative Anatomy. Only such a knowledge of this subject as made it evident that there was a similarity in the plan of structure between the lower animals and man could justify such researches. He illustrated his point by reference to the various orders of the animal kingdom, directing attention to those which by their organization made them the most proper objects for experiment, and indicating others, which from the very nature of their vital phenomena could not justify any deductions to phenomena in man. He urged the great importance of studying these peculiarities in animals themselves, not in books; and incidentally referred to the great advantage to be thus gained in skill in minute dissection and the use of the scalpel.

Prof. Agassiz paid a just tribute to the general scientific attainments of the medical profession, and alluded to the great confidence which as a class they almost universally command; urging it as a motive for the continued pursuit of scientific studies through life, and incidentally paying a tribute to the acknowledged head of the medical profession in Boston at the present time, as showing in his advanced years more intellectual activity than most younger men.

Prof. Agassiz next spoke of the theories of transmutation of species, so popular just now, as a subject naturally associated with the topics he had been discussing. He impressed upon his hearers the importance of considering such questions for themselves, and of not being led away by any doctrines merely because they were popular. In connection with this topic he took occasion to enforce the value and importance of original observations with the microscope. He described in a cursory manner the development of all animal life from the egg, giving an outline of cell-development and transformation, and indicating the classes of animals whose development could thus be studied, either on the sea-coast or in the interior. He remarked upon the differences which exist among allied animals of the present day; which, however closely they may approach each other, still retain their original type and never merge into each other, still presenting the same characters as their mummified representatives found in Egypt. He referred, as an interesting fact in this connection, to the much greater changes than the theory of transformation supposes which take place in the different stages of development of animals, but which never lead to a change of type, the same species ultimately always resulting from the same egg; or, if a departure from the type occurs, constituting a monstrosity, which, as all medical men know, is not perpetuated. Prof. Agassiz ascribed the readiness with which the theory which he had been discussing found acceptance at the present day, to the popular ideas about improvement and progress. His discourse was listened to with much interest by the large audience assembled, and was calculated to produce an excellent effect upon those for whose benefit it was specially designed.

Massachusetts Medical College.—The following gentlemen received their degrees from Harvard University on the 13th inst.:—

Names and Residence.	*Thesis.*
Andrews, Joseph, *St. John, N.B.*	Carcinoma of Stomach.
Barber, Charles Joseph, *Winchester, N.H.*	Epilepsy.
Barteaux, Edward Lawrence, *St. John, N.B.*	Bright's Disease.
Blaisdell, George Carr, *Goffstown, N.H.*	Phthisis.
Blaisdell, Walter Channing, *Boston,*	Vaccination.
Blake, John Tower, *Providence, R. I.*	Propagation of Epidemics.
Boardman, Edward Everett, *Somerville,*	Cardiac Disease.
Bowen, William Shaw, *Greenwich, R. I.*	Osmose.
Bull, George Henry, *Hartford, Ct.*	Sexual Excess.
Caldwell, William Minns, *St. John, N. B.*	Fever.
Carleton, Charles Greenleaf, *Haverhill,*	Destructive Metamorphosis.
Casey, Kitson, *New Brunswick,*	Cholera.
Churchill, John Henry, *Boston,*	Premature Labor.
Clarke, William Johnson, *Chester, Vt.*	Abortion.
Corbett, Henry Thomas, *Kingston, C. W.*	Diseases of Aborigines.
Cornish, Ellis Holmes, *Halifax,*	Phthisis.
Crawford, John William, *Lawrence,*	Uterine Hemorrhage.
Denny, James Henry, *Somerville,*	Mental Toxicology.

Name and Residence.	*Thesis.*
Dodd, Simon Walker, *Charlottetown, P. E. I.*	Vaccination.
Doherty, Hugh, *Boston,*	Syphilis.
Draper, Edward Leroy, *Ware,*	Phthisis.
Fleming, Alexander, *Stanley, N. B.*	Abortion.
Fowler, Archibald Campbell,	Dysmenorrhœa.
Garvin, Lucius Fayette Clark, *Pawtucket, R. I.*	Accidental Surgery.
Gleason, Jubal Converse, *Hubbardston,*	Typhoid Fever.
Hall, Sidney Storrs, *Rosendale, Wis.*	Intermittent Fever.
Hatch, William Allen, *Waterville, Me.*	Rubeola.
Heaton, Charles William, *Boston,*	Hernia.
Hill, Edward Henry, *Harrison, Me.*	Phthisis.
Hill, Francis Orman Jonathan Smith, *Newburgh, Me.*	Typhus Tever.
Holmes, Thomas Burrus, *Sauk Centre, Minn.*	Opium.
Hosmer, Charles Edward, *Bedford,*	Direct Causes of Dropsy.
Hunt, Moses Nowell, *Danvers,*	Signs of Pregnancy.
Jacobs, Thomas Shreve, *Sidney, N. S.*	Opium.
Lewis, Edwin Rufus, *Amherst,*	Alcohol.
Lewis, John Albert, *Truro, N. S.*	Digestion.
McDonald, Matthew, *Boston,*	Principles of Treatment.
McDonough, James Aloysius, *Boston,*	Diet in Disease.
Merrill, Henry Putnam, *Andover, Me.*	Emotions.
Moulton, Benjamin Francis, *Lynnfield,*	Erysipelas.
Randall, John Newton, *Decatur, Ill.*	Bright's Disease.
Robbins, James Henry, *Calais, Me.*	Pain.
Root, Richmond Barbour, *Byfield,*	Hygiene.
Scott, Anderson Lemuel, *Boston,*	Lead Poisoning.
Simpson, Henry Young, *Worcester,*	Variola.
Spaulding, Joseph, *N. Woodstock, Ct.*	Diphtheria.
Squier, Abiram Francis, *Buffalo, N. Y.*	Acute Gastritis.
Stevens, Edmund Horace, *Boston,*	Use of Medicine.
Tabor, James Vaughan, *Stetson, Me.*	Liver.
Townsend, Henry Elmer, *Boston,*	Hernia.
Venables, James, Jr., *Halifax, N. S.*	Scarlatina.
Webster, John Calvin, *Wheaton, Ill.*	Gout.
Whitaker, John Birtwistle, *Fall River,*	Hysteria.
White, Robert, Jr., *Boston,*	Tobacco.

Wednesday, March 13, 1867. GEORGE C. SHATTUCK,
Dean of the Faculty.

Kent's Nipple Shield.—This article, recommended by Dr. Folts in this week's JOURNAL, seems well calculated to answer the purpose for which is designed. It consists of two parts—a white-metal cap which covers the nipple of the nurse, and an India-rubber nipple which fits over the cap. At the top of the metallic portion is a small hole covered by a delicate rubber valve, which allows the egress of milk but prevents the ingress of air. After one or two pulls, therefore, from the child, the cap is filled with the nipple and milk, and clings fast to the breast by atmospheric pressure. The child draws the milk through the India rubber nipple, while the nurse is entirely protected from the painful tugging and compression which make the act of nursing to a woman with tender nipples little short of agony.

Boylston Prizes.—The Boylston Prizes for the current year have been awarded by the Boylston Medical Society—the first to Thomas Dwight, Jr., for an essay on Intercranial Circulation; the second to Frederic R. Sturgis, for an essay on Human Entozoa. The active members of this Society are undergraduates of Harvard Medical School, and it is a very useful organization. The officers for the current year are:—*President*, Samuel A. Green, M.D. *Vice President*, Frederic R. Sturgis. *Secretary and Treasurer*, William L. Richardson. *Trustees of Prize Fund*, Drs. Samuel Cabot, G. C. Shattuck, J. B. S. Jackson, H. W. Williams, George H. Gay, Charles E. Ware, O. W. Holmes. *Committee on Prize Dissertations*, Drs. Francis Minot, David W. Cheever, Calvin Ellis, W. W. Morland, J. Nelson Borland.

The Springfield Society for Medical Improvement. MESSRS. EDITORS,—This is the name of a society which has recently been organized in the city of Springfield, in accordance with the General Statutes made and provided, and which, in the main, is planned after a similar society in Boston. Its organization and objects, &c., are in brief as follows:—*Secretary and Treasurer*, G. S. Stebbins, M.D. *Cabinet Keeper and Librarian*, W. W. Gardner, M.D. *Prudential Committee*, V. L. Owen, M.D., M. Calkins, M.D., S. F. Pomeroy, M.D., A. R. Rice, M.D. The objects of the Society are the cultivation of confidence and good will between the members of the medical profession, the eliciting and imparting of information upon the different branches of medical science, and the establishment of a library and museum of pathological anatomy. There will be written and oral communications, discussions upon the more important medical topics, and a mutual interchange of thoughts and ideas. The members of the Society intend to make it a *live organization*, and will labor for that advancement in medical science which comes only from patient investigation and scientific research. G. S. STEBBINS, M.D., *Secretary*.

Springfield, Mass., March 4, 1867.

Ovariotomy; Use of the Actual Cautery for the Division of the Pedicle.—The remarkable success which has recently crowned this operation, where the pedicle and the adhesions have been divided by the actual cautery, seems to place the operation of ovariotomy beyond all cavil. The instrument employed by Mr. Baker Brown for this purpose is, as we understand, a wedge-shaped piece of iron, with which the division is accomplished by a sawing motion. In a recent discussion at a meeting of the Royal Medical and Chirurgical Society, as reported in the London *Medical Times and Gazette*—

"Mr. Brown said that whilst giving every credit to Dr. Clay, of Manchester, who had been our pioneer in this operation in this country, credit was due to Professor Clay, of Birmingham, for the introduction of the actual cautery, and he (Mr. Brown) took credit to himself for adapting the actual cautery to the treatment of the pedicle; and by himself and others, as Mr. Samuel Hey, of Leeds, and Mr. Harper, it was found to be peculiarly successful. In his own hands, in less than two years, out of forty-one successive cases since he had used the actual cautery, he had had thirty-six recoveries and only five deaths, and in all those five he had been obliged to use ligatures.

"Dr. H. G. Wright asked whether it had happened in Mr. Brown's experience that so soon as the clamp was loosened the vessels of the seared pedicle burst out bleeding.

"Mr. Brown replied that this had occurred.

"Dr. Wright observed that it appeared that the employment of the actual cautery always implied the occurrence of subsequent hæmorrhage as a possible contingency—a point which Mr. Brown had neglected to mention when speaking of the use of the hot iron for burning through the pedicle.

"Mr. Solly asked what statistics Mr. Brown had obtained, reckoning all cases.

"Mr. Brown said that his results stood at present thus:—Completed cases, 107, with 72 recoveries and 35 deaths; whilst of incompleted cases and partial extirpation, 15 cases, only 3 recovered, and 12 died; and of 10 cases of exploratory incisions, where no further steps were taken, 6 recovered and 4 died; showing 132 cases in all, with 81 recoveries and 51 deaths. Mr. Brown said he had seen several cases where the second ovary was diseased with cystic growths, and that he had in most of them cut or burnt through the cysts, so as to empty them of their contents, and those cases did well. Mr. Brown was surprised to hear that in cases where the actual cautery was used there had occurred, some weeks afterwards, peritonitis and death; in no one of his cases had there been any bad subsequent results; on the contrary, the patients were well in six or seven days, outside their beds, and made a rapid recovery—much quicker than by other modes of operation. Mr. Brown said he had now abandoned the clamp outside the wound, and either used the actual cautery or the long ligature of Dr. Clay.

"Mr. Philip Harper was very desirous to place upon record his own experience in the use of the actual cautery as a means of dividing the pedicle in ovariotomy. He had had many opportunities of observing its great value, for, in addition to the cases in which he had seen Mr. Baker Brown use it, he had resorted to it many times in his own practice, and the conclusion to which he had arrived was that in a large proportion of cases it was an unfailing means of preventing hæmorrhage, and conduced to the rapid recovery of the patient. He was surprised to hear that Mr. Wells had met with two cases in which, some time subsequently, peritonitis had come on and was imputed to the use of the cautery. It was the first time such effects had been brought to his notice, and he must conclude that they were dependent upon some constitutional peculiarity or accidental circumstance. There were certain points in the use of the cautery which must be prominently brought forward. The character of the pedicle was of great importance. In some cases it was large and thick, and its vessels, though numerous, were moderate in size. In these cases the cautery was *always* efficient. In other cases the pedicle was broad and thin, supplying a tumor of simple secondary multilocular character, and with vessels of medium size. Here the cautery was *generally* efficient. In other cases the tumor was extremely multilocular, colloid or adenoid in type, and the pedicle thin and small, with one or a couple of vessels the size of the femoral or larger, and here the cautery *would not be* efficient. However carefully used, upon the removal of the clamp sharp bleeding arose. In a lady upon whom Mr. Harper operated a year ago, the tumor was of this character, and the pedicle contained one large artery, which poured forth a large stream of blood upon the removal of the clamp. It was seized, a ligature passed around it, tied tightly, and the ends cut off closely. The pedicle was allowed to fall back into the pelvis. The lady made a rapid recovery, and was still in robust health. In another case there was a large artery at each side of the pedicle, which it was necessary to tie separately, and recovery was perfect. Another important point was, that in burning through the pedicle it must be done slowly, and without any sawing or half-cutting movements. The clamp must be removed very slowly, and the cauterized surface should not be touched even with the fingers, but allowed quietly and gently to drop into the pelvis. There were some other points which experience had taught were important, but not equally so with these. Mr. Harper must express his strong conviction that ovariotomists owed a debt of gratitude to Professor Clay for the application of the actual cautery to adhesions, and to Mr. Baker Brown for another advance and applying it to the pedicle. High as was the value to be attached to the simple clamp in certain cases, Mr. Harper believed that the cautery would entirely supersede it in the great majority of cases, and that the more its value was tested, the greater would be the reliance placed upon it, the more rapid and satisfactory the recovery of the patient, and, most important of all, the death ratio after the operation would be materially lessened.

"In reply to Mr. Spencer Wells, Mr. Harper said that he had twice tied vessels after the use of the cautery in eight cases.

"Dr. Routh would not have spoken on the subject but for Dr. Wright's remarks. He had been present now at over 200 cases of ovariotomy, complete or incomplete. He had seen very many operations of Mr. Brown, of Mr. Wells, and other London operators, as well as had operated himself. He must say, therefore, speaking from no small experience, he believed no system was so good and so safe as the actual cautery. An attempt was made to disparage the actual cautery because ligatures had to be used sometimes in addition. But ligatures were sometimes necessary even when the clamp was adopted. Moreover, what objection could be made to using a small silk or wire ligature where an artery in the pedicle was found very large? Where, however, the arteries were found of the size of the radial or ulnar, the actual cautery quite sufficed; if as large as the femoral, it was safer to apply also a small ligature. No one would think of trusting to actual cautery in an artery as large as the femoral elsewhere. Again, in some cases, as in very fat subjects, it was inadmissible, the fat taking fire on the application of the red-hot iron. Mr. Wells had done well if by the clamp he managed to get his patients convalescent and able to enjoy a chop by the thirteenth or fourteenth day; but if the same result could be obtained on the sixth and seventh when the actual cautery was used this was a better cure. He had never seen or heard of any of those unfortunate results mentioned by Mr. Wells where the actual cautery was used after apparent recovery, and all he could say was that, using the *argumentum ad hominem*, if he had a relative affected with ovarian disease he would insist on the operator using first the actual cautery. Besides, he could conceive that a woman on whom ovariotomy had been performed and the clamp used might suffer in her pregnancy by the impediment in the way of its development offered by a pedicle adherent to the abdominal walls, and in Mr. Wells's case the operation was rendered more difficult, he admitted, by this very adherent pedicle, which would not have been the case if in the first ovariotomy he had used the actual cautery."

VITAL STATISTICS OF BOSTON.

For the Week ending Saturday, March 9th, 1867.

DEATHS.

	Males.	*Females.*	*Total.*
Deaths during the week - - - - - - -	41	44	85
Ave. mortality of corresponding weeks for ten years, 1856—1866	42.1	39.4	81.5
Average corrected to increased population - - - -	00	00	89.79
Deaths of persons above 90 - - - - - - -	0	0	0

Notice.—O'G.'s remittance (from abroad) received.

Communications Received.—Extract from the Records of the Providence Medical Association.—Review of the Thirtieth Annual Report of the Officers of the Vermont Asylum for the Insane, 1866.

Books Received.—Action of Medicines in the System. By Frederick William Headland, M.D., &c. Fifth American Edition. Philadelphia: Lindsay & Blakiston. 1867. Price $3.—Watson's Abridged Synopsis of the Lectures on the Principles and Practice of Physic. By Thomas Watson, M.D., F.R.C.P., &c. With a concise but complete account of the Properties, Uses, Preparations, Doses, &c. (taken from the U. S. Dispensatory) of all the Medicines mentioned in these Lectures, and with other valuable additions. By J. J. Meylor, A.M., M.D. Philadelphia: published by the Author.—The Indigestions or Diseases of the Digestive Organs functionally Treated. By Thomas King Chambers, M.D. Philadelphia: Henry C. Lea.—Inhalations in the Treatment of Diseases of the Respiratory Passages, particularly as effected by the use of Atomized Fluids. By J. M. DaCosta, M.D. Philadelphia: J. B. Lippincott & Co.—Science and Practice of Medicine. By William Aitken, M.D. Edin. Vol. II. Philadelphia: Lindsay & Blakiston. Price $12.—Report of the Surgeon-General of Massachusetts.

Deaths in Boston for the week ending Saturday noon, March 9th, 85. Males, 41—Females, 44. Abscess, 1—accident, 1—apoplexy, 1—disease of the bowels, 1—inflammation of the bowels, 1—congestion of the brain, 1—disease of the brain, 2—inflammation of the brain, 1—bronchitis, 7—cancer, 1—colitis, 1—consumption, 13—convulsions, 1—croup, 1—diphtheria, 1—dropsy, 2—dropsy of the brain, 2—eczema, 1—scarlet fever, 3—typhoid fever, 4—hæmorrhage, 1—disease of the heart, 4—infantile disease, 1—disease of the kidneys, 2—congestion of the lungs, 2—inflammation of the lungs, 5—marasmus, 2—old age, 2—paralysis, 1—peritonitis, 1—premature birth, 1—puerperal disease, 2—rheumatism, 1—scrofula, 1—smallpox, 4—unknown, 6—whooping cough, 3.

Under 5 years of age, 30—between 5 and 20 years, 9—between 20 and 40 years, 23—between 40 and 60 years, 14—above 60 years, 9. Born in the United States, 51—Ireland, 18—other places, 16.